

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> FISTFUL OF TACOS/ALE	<b>Telephone Number</b> Est 812-961-1384 Own (812) 207-3474	<b>Date of Inspection</b> 05/16/2023	<b>ID#</b>
<b>Address</b> 2708 PAOLI PIKE, NEW ALBANY IN 47150	<b>Purpose</b> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b> 05/26/2023	<b>Released</b> 05/16/2023
<b>Owner</b> DERECK WASHBURN		<b>Menu Type</b> 1 __ 2 __ 3 __ 4 <u>X</u> 5 __	
<b>Owner's Address</b> 205 CHERRY STREET NEW ALBANY, IN 47150-			
<b>Person in Charge</b> REBECCA DELGADO			
<b>Responsible Person's Email</b> REBECCA@FISTFULOFALE.COM			
<b>Certified Food Handler</b> HAYDEN SIMON			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
336	X		X	Observed a floor cleaner dispenser (Reinhart Model: 633) connected to the water line with no backflow prevention. Observed no backflow on water line used for water chilling in brewery. CORRECTION: Backflow prevention should be installed and meet Indiana plumbing code.	10 DAYS
488	X		X	Observed dichlorvos strips on the handwashing sink in the kitchen. CORRECTION: Unapproved pesticide was discarded.	CORRECTED
177		X	X	Observed barley being stored on the floor. CORRECTION: Food must be stored 6in or more off the floor.	10 DAYS
307		X	X	No hood installed over the 6 gas burner plates that have replaced the two stoves from the previous inspection. CORRECTION: Ventilation hood systems and devices shall meet the requirements of the Indiana department of fire and building services. Install a type 2 hood system or disconnect and remove the burners from the building.	10 DAYS
324		X	X	Observed a leak on the 3-compartment sink. CORRECTION: Management stated a part was on order.	10 DAYS

**Summary of Violations**      C 2      NC 3      R 5      **5**

Received by (name and title printed):	Inspected by (name and title printed): John Klem EHS
Received by (signature):	Inspected by (signature): 
cc:	cc: